

2007 Application for Nomination to the United States Service Academies Counselor/Principal Evaluation Form

Name of Applicant (Last, First, Middle):	
Date of Birth (MM/DD/YY):	Social Security Number:

Dear Counselor/Principal:

The person named above is applying for admission to one or more of the United States Service Academy. The academies provide a college education leading to commissioning as an officer in the Armed Forces. The questions asked here are to help us select the best possible candidates. By law, all admissions materials must be shown to a student upon request. We know we are asking you for considerable time and effort to complete this form (use additional sheets if necessary). Please know that your generous help is greatly appreciated.

- ❖ How long have you known the applicant and in what capacity?
- ❖ What are the applicant's talents and strengths for leadership?
- ❖ What do you consider to be the applicant's weaknesses?
- ❖ Do you feel the applicant personally wants to attend a service academy or is under family or community pressure?
- ❖ How does the applicant handle stressful situations?
- ❖ Do you know of any personal circumstances that might affect the applicant's performance at the academy?
- ❖ Please rank applicant among his/her peer group.
 - ☐ Best (only appears once in several years)
 - ☐ Very good (stands out in a peer group)
 - ☐ Average
 - ☐ Excellent (among the best I have known)
 - ☐ Above average
 - ☐ Below average

Counselor/Principal, Please place this completed form in a sealed envelope, signed across flap and return to the applicant for inclusion in his/her completed application packet. THANK YOU.

Name (signature):	Telephone Number:
Name (print):	Title: Date:

